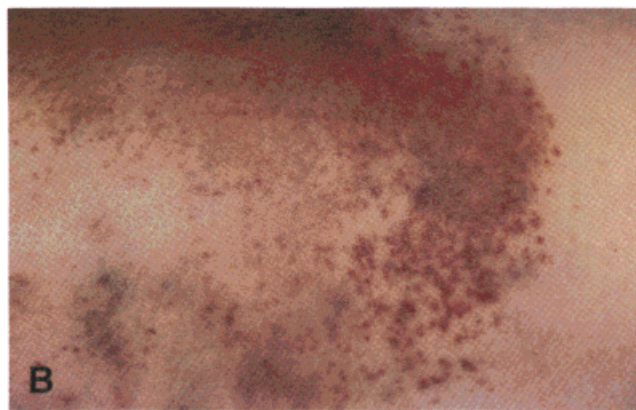
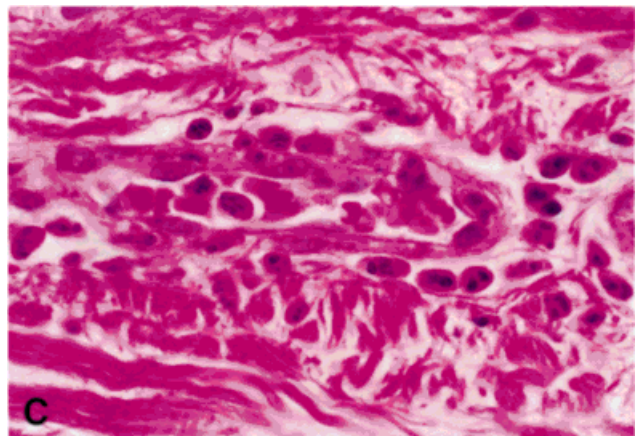
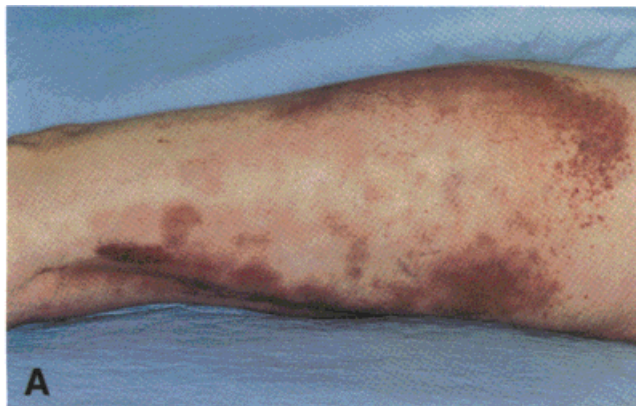


Psychogenic Purpura

Stephan Moll*

Division of Hematology/Oncology, Department of Medicine, Duke University Medical Center, Durham, North Carolina



A 48-year-old woman with no previous bleeding problems presented with a 1-year history of spontaneous skin bruising. Her bruises always developed in a typical pattern: Without antecedent event, she would experience a sudden localized “stinging, popping, and pulsating” sensation in her skin over the extremities or trunk. The surrounding skin would feel very warm, turn diffusely red, and itch intensely. Within minutes, a bruise would appear and enlarge over 20–30 mins. The associated symptoms would subside after approximately 2 hr, after which the patient would feel extremely exhausted. The bruises would disappear after several weeks.

The patient had multiple emotional stresses, including

localized breast cancer diagnosed 2 years before onset of the bruising (free of disease after treatment), a pending medical law suit, loss of a job held for more than 20 years, and significant marital problems with a pending law suit for divorce. She saw a psychiatrist and was treated for depression. There was no evidence of domestic physical violence.

Physical examination was unremarkable, except for the illustrated skin findings. Image A shows a “bruise”

*Correspondence to: Stephan Moll, M.D., Franz-Volhard-Klinik, Humboldt-Universität-Charité, 13122 Berlin, Germany

on the left lateral thigh, which had appeared 16 hr earlier. Image B shows a closer view of the same “bruise.” Petechiae and multiple ecchymoses are seen. These were nonpalpable but tender. Extensive workup for a bleeding disorder was negative. Skin biopsies of areas involved with bruises showed a mild perivascular granulocytic infiltrate around dermal capillaries but no frank vasculitis (Image C). There was a striking absence of erythrocyte extravasation.

The patient was thought to have “psychogenic purpura,” also termed “autoerythrocyte sensitization syn-

drome” or “Gardner-Diamond syndrome.” This disorder is characterized by spontaneous bruising in patients who often have psychological instability. Preceding sensations localized to the affected site are frequently present. The lesions are not self-inflicted. It has been suggested that the bruises may be a localized allergic reaction against parts of the patient’s own extravasated red cells, hence the term “autoerythrocyte sensitization syndrome,” but this theory has not been substantiated. Biopsies may show inflammatory changes. The pathogenic mechanism of the disorder is unknown.